

## MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

No. 45-62-019900

STATE FILE NUMBER

DO NOT WRITE  
ON THIS STUB

AMENDED

FILED MAY 31 1962

Primary Registration District No.

Registrar's No. 65

VS 300  
Rev. 4/5910860  
284802

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12 91-3

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DATE AMENDED

INSTEAD OF

SHOULD READ

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY Putnam				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Wisconsin. COUNTY			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Rural---Union Twp.		Length of stay in lb		c. CITY OR TOWN Tomah		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Unionville, Missouri			Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		d. STREET ADDRESS (If outside, give location) 1415 Kilbourn Avenue		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Middle Last Stella Ann Berry				4. DATE OF DEATH Month Day Year May 22 1962			
5. SEX F	6. COLOR OR RACE W	7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 6-9-41	9. AGE (last birthday) 20	IF UNDER 1 YEAR Months 11 Days 13		IF UNDER 24 HR Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Stewardess Cont. Air Line		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) Richland Co., Wis.		12. CITIZEN OF WHAT COUNTRY U. S.	
13a. FATHER'S NAME James S. Berry			13b. MOTHER'S MAIDEN NAME Palma Sunderson		14. NAME OF HUSBAND OR WIFE James S. Berry Tomah, Wis.		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)			16. SOCIAL SECURITY NO.		17. INFORMANT James S. Berry Tomah, Wis.		
18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Multiple injuries from plane crash Conditions, if any, which gave rise to above cause (a), stating the underlying cause last: DUE TO (b) DUE TO (c)							
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)						PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		20a. ACCIDENT <input checked="" type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) Crash of Continental Flight 11			
20c. TIME OF INJURY Hour Month, Day, Year 9:45 p.m. 5-22-62		20d. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) on farm		20f. CITY, TOWN, OR LOCATION Union Twp.		COUNTY STATE Putnam Mo.	
21. I attended the deceased from _____, to _____ and last saw her alive on _____. Death occurred at 9:45 p.m. _____ m on the date stated above, and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE (Typed or title) Charles L. Johnson				22b. ADDRESS Unionville, Missouri		22c. DATE SIGNED 5-25-62	
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal		23b. DATE 5-25-62		23c. NAME OF CEMETERY OR CREMATORY Three Points Cemetery		23d. LOCATION (City, town, or county) (State) Richland Center, Wisconsin	
24. FUNERAL DIRECTOR Hugh S. Johnson		ADDRESS Centerville, Iowa		25. DATE RECD. BY LOCAL REG. 5-25-62		26. REGISTRAR'S SIGNATURE Marvell Durbin	

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK  
OR  
TYPEWRITER RIBBON

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed Neph S. Johnson  
\_\_\_\_\_  
3487  
Licensed Embalmer No. \_\_\_\_\_

P. O. Address Centerville, Ia

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING: (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.